

2024 Experiences with Transgender Healthcare in NZ

(One person's experiences, not necessarily representative of other patient's experiences.)

Just spitting poison

- I want to know if I am safe in their care?

Or what I need to do, to be safe in their care?

I don't think that Te Whatu Ora answered a single question that I asked?

As far as I can see, there is no meaningful budget for staff training for transgender healthcare. That doesn't bode well for the future, with further budget cuts likely.

It seems that staff training is by reading papers, which seriously risks failing to achieve good attitudes and culture.

Not a single one of their doctors appears to have worked in a clinic with a timely, successful, healthy culture towards transgender people.

Their staff have work experience in UK NHS, which has rather poor culture towards transgender healthcare.

Should we set up a give a little page, for better staff training?

Accountability comes from answering the questions.

It seems that gender variant people should be setting up our own monitoring and quality control system, to actively drive our doctors forward?

1 August 2024

Murray Bacon

Tēnā koe Murray

Thank you for your email of 18 June 2024 and your patience while we investigated the matters you have highlighted. In your response to our Quality Survey you raised some valid questions and concerns. Please accept my apologies on behalf of Health New Zealand - Te Toka Tumai Auckland for the distress you experienced in relation to your care.

Your concerns have been investigated by Dr Jeannie Oliphant, Clinical Director at Auckland Sub-Regional Sexual Health Service, who has provided the following response. We hope this information will provide you with the answers and reassurance you need.

Mr Bacon, I am sorry and saddened to hear that you have had such negative experiences at Auckland Sub-Regional Sexual Health Service.

We have been working very hard to improve access and delivery of gender affirming healthcare within our service. Our team meet regularly to review feedback, opportunities to improve our service and the information that we provide people, to better support an informed consent process.

Since the formation of Hauora Tāhine, pathways to transgender healthcare services in 2018, access to gender affirming healthcare has been strengthened across the Auckland region. There is now publicly available information on the Hauora Tāhine HealthPoint page regarding services and information for health professionals on the Auckland Regional Health pathways. There is a dedicated transgender health referral pathway for primary and secondary care that is well utilised. The regional services available include hormone initiation for adults (aged ≥ 18 years) at Sexual Health, young people and family support at Centre for Youth Health (including access to puberty blockers and hormones), fertility preservation at Fertility Plus, gender affirming surgeries including chest masculinisation surgery at Auckland Regional Plastic Surgical Service and provision of orchiectomy and hysterectomy surgeries within each area hospital in Auckland. At Sexual Health we have a full time Trans Health Key Worker who provides engagement and navigation support for people wanting to access gender affirming healthcare. There is a Hauora Tāhine Clinical Governance Group that

meets regularly to review services and oversees the contracts for trans health support workers in the community. In addition, there has been robust work completed to strengthen the capacity of primary care to deliver gender affirming healthcare with provision of education and access to a dedicated platform for advice from specialist services. There is now funding available to GPs to provide longer consultations for people wanting to initiate hormones in primary care.

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With regard to training, the National Primary Care Gender Affirming Hormone Therapy initiation guideline for Aotearoa, New Zealand was published in 2023, and the 2018 National Guideline for Gender Affirming Healthcare for Gender Diverse and Transgender children, young people and adults in Aotearoa New Zealand is currently being updated. There have been many training sessions delivered over the past few years in Auckland and across Aotearoa. In addition our Clinicians are required to undertake educational activities that enhance their practice and knowledge and bring back learnings to share with their teams. I hope that this response will go some way towards reassuring you that we are indeed very committed to improving gender affirming care in Auckland. Murray, thank you again for sharing your experience. Your feedback allows us to highlight the ongoing improvements within the Sexual Health service. We sincerely hope your next experience will be much more positive.

Nga mihi

Samantha Titchener

Director – Adult Medical and Community & Long-Term Conditions

Te Toka Tumai | Auckland

18th June 2024

Dear Dr Mark Edwards
Chief Quality, Safety and Risk Officer
On behalf of the Consumer Experience Team
Health New Zealand Te Whatu Ora - Te Toka Tumai Auckland

please tell what is Health New Zealand Te Whatu Ora policy regarding provision of good quality, timely transgender healthcare?

I have had several very good experiences and a few horrible, scary experiences at ADHB. I am completely unable to make sense of my experiences. Curiously, I have only received good transgender healthcare from departments other than ASHS, but not ASHS. Why is that?

Am I welcome in Health New Zealand Te Whatu Ora facilities, or not?

I don't see any commitment to provide access to doctors with appropriate training to serve transgender patients safely and sensibly. Is this to scare us away and deter us from entering your front door?

I once waited 7 months to see "specialist" Dr. Murray Reid. I was unimpressed with him. I am guessing that he was "just doing his job". After reading many complaints about him over a few years, I suddenly had the thought that maybe he had no training at all, in transgender healthcare?

I read through his qualifications, on ADHB website and found that in fact he had no transgender healthcare training at all. I gained the impression that ADHB management considered that appropriate training was an unnecessary luxury for transgender patients?

Is that correct?

If in an emergency situation it was necessary to only offer staff without proper training, shouldn't the patient be notified and given the choice whether they wish to proceed, in such a raised hazard situation? (This was not an emergency consultation. Given the 7 month wait, there was plenty of time for the ADHB to work out that Dr. Murray Reid lacked appropriate qualifications, training and experience.)

Especially, as I lost 7 months of progress in my medical treatments, by that unconsented delay waiting to see a not properly qualified "specialist". I massively resent that ADHB was so manipulative and dishonest with me, about his qualifications.

Is that your usual attitude towards transgender patients?

What actions are you taking towards making properly trained staff available for transgender healthcare?

Do you ever intend to actually provide competent transgender healthcare?

I apologise if I sound dissatisfied. I have watched 2 friends lose their mental health and complete their lives by suicide. I do not enjoy that, especially as it appears to be the ongoing situation.

I challenge you to answer me.

Yours faithfully,
Murray Bacon.

Clinic Letter
Auckland Sexual Health Service

HV

Dr Margaret Shanks
Mt Eden Village Doctors
431A Mount Eden Road
Mount Eden
Auckland

Date of Clinic 19/11/2015
Date of Typing 27/11/2015

Dear Dr Shanks

Re Murray Bacon
311 Mt Eden Road
Mount Eden
Auckland 1024

NHI Number D000001
Minor NHI 0000002
DOB 27/10/1950
Gender Male

Murray was assessed with regard to potential transgender issues on 21 August but it has become clear during subsequent mental health assessment within our service that he does not have gender variance at all, that he is struggling with being in a male role and his way of presenting as possibly transfemale was a way of avoiding some responsibilities that he feels obligated to undertake as a male. He is currently ongoing counselling within the Sexual Health Service and has had a recommendation that he has a psychiatric assessment.

Kind regards

Yours sincerely

Dr Murray Reid
Sexual Health Physician
Auckland Sexual Health Service
Central Auckland Clinic - Ph: (09) 630-9770
MurrayR@adhb.govt.nz

This document is dictated and approved by the author

Internal cc
Central Auckland Sexual Health Service
Greenlane Clinical Centre





Auckland City Hospital

Orthopaedics

(Clinical Summary)

Murray Charles BACON

To: Dr Sulochana CHAND

Ph: 638 7275

ACC No.: AH18192

Admitted: 03/03/2017 14:52

Discharged On: 06/03/2017 11:26

Ward/Location: Transition Lounge

Problems and Treatments

Left, Pelvis - Not further specified, Fracture: Fracture/Dislocation

Accessory (Associated) Diagnosis or Comorbidities

No Comorbidities Specified

Smoking Cessation Advice and Support

This patient is a non-smoker

Discharge Medications

- paracetamol 500 mg tablet, Take TWO tablets four times daily as required, Unknown Duration, 1 month (Supply on Discharge), [Analgesia]
- tramadol hydrochloride 50 mg capsule, Take ONE to TWO tablets up to four times daily, Unknown Duration, 1 week (Supply on Discharge), [Analgesia]

Complications

None Specified

Other Comments

PCx: fall off pushbike on Monday (27/2/17), difficulty WB on L side since then
HPCx

- fell off pushbike on Monday
- doesn't remember fall, only remembers walking up the road pushing his bike later on
- no headache/ N+V/ seizure since then
- has had difficulty WB on L side since then
- no other associated injury
- feels otherwise well
- normal bladder and bowel function

PMHx

- r/epression
- transgender

DHx

- NKDA

- spironolactone, oestradiol

SHx

- lives with partner, partner has end-stage Parkinson's so he's main carer
- independently mobile and independent for all ADLs
- non-smoker
- occasional alcohol

O/E

- obs stable, apyrexial, NEWS 0

Pelvis and hips

- painful on pelvic squeeze

- L hip: only 90 degrees of flexion and minimal internal and external rotation, all limited due to pain

- R hip: normal ROM

- NV intact distally

Investigations

- XR pelvis: superior pubic ramus fracture on L and sacral fracture on L

- CT pelvis showed Comminuted fracture junction left superior pubic ramus and pubic bone with fragment pushed posteriorly into bladder base and prostate. Further fracturing of inferior pubic ramus, and left sacrum extending to the SI joint but not disrupting the joint. Normal hip joints.

Management: Murray was managed conservatively in hospital. Physiotherapy reviewed Murray who was independent with movements. Discharged from their service.

Plan of Management on Discharge

Plan:

1) discharge with analgesia

2) touch weight bearing on the left

3) Registrar outpatients clinic in 2/52 with pelvic X-ray prior to this please

Clinician: Thomas Scott

For Consultant: Mr Craig Ball

Signature: 

Date: 06/03/2017 11:36

Ambulance Care Summary Advice Sheet



St John

Here for Life

Master incident number (job number)

0286-1-2017/03/01

Date

01

03

2017

Time

1310

Accessing the record

You can access a copy of the Ambulance Care Summary within seven days of the date and time above by going to:

<https://acs.stjohn.org.nz>

and entering the unique access code below:

KY

D7C

A3T

7C

If you have any questions please contact us on 0800 473 876 or (09) 583-2616

Patient Health Information privacy

St John recognises the importance of privacy and the protection of personal and health information. St John staff respect, safeguard and protect the personal information and health information collected by us, for our patients' care and treatment, in accordance with the Privacy Principles, Privacy Act 1993, Health Information Code 1994 and related privacy legislation;

For the full Privacy Notice/Policy please go to www.stjohn.org.nz and click on Privacy Notice. This Notice details how patients' personal information and health information is collected, used and shared with close family, medical practitioners, health care professionals and relevant health centres and hospitals.

Access to personal and health information

Patients can ask for access and corrections to their personal and health information free of charge by emailing or writing to us. We may require you to verify your identity.

All requests should be made to:

The Privacy Officer
St John
Private Bag 14902
Panmure, Auckland 1741

Or Email: privacyofficer@stjohn.org.nz

Advice to Patient



St John

Here for Life

Clinical Presentation

(L) flank & back pain

Advice / Instructions / Plan

- Pt happy to go see own GP.
- If condition were to deteriorate then call back ambo
- Pt also declined transport as feels better and now mobile

- If your condition changes and it is not an emergency please contact your GP or freephone Healthline on 0800-611-116. In the event of an emergency always call 111.
- If you see another health care provider (like a doctor or nurse) in the next seven days please give them this form; they can use the code written on the other side to find out more about what we did.

Officer Signature

G. Tufano

Officer Number

497407